

WENHAM  
BOARD OF HEALTH

**APPLICATION FOR INSTALLERS LICENSE**

License No.. \_\_\_\_\_

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:

**ANNUAL REGISTRATION DISPOSAL WORKS INSTALLER**

**Name:**

**Firm or Corp:**

**Address:**

**Telephone #:**

**Fed. ID/SS #:**

**To:     CONSTRUCT AND REPAIR SUB-SURFACE DISPOSAL SYSTEMS.  
          in said Town of Wenham, Massachusetts in accordance with the rules and  
          regulations made under authority of said Statutes.**

\_\_\_\_\_  
(Signature of Applicant)

**Fee:     \$50.00**

**Payable to:**

**Town of Wenham**

**138 Main Street**

**Wenham, MA 01984**

**Please provide a copy of:**

- 1. Current Hoisting License**
- 2. Company or Individual Liability Policy**
- 3. Workmen's Comp. (if applicable)**